

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: E. Kruck Date: 1-2-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-3-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-4-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 1-5-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-9-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-10-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 1-11-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-12-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-15-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-16-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-17-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-18-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-19-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: _____ Date: 1-22-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 1-23-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-24-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-25-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-26-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-30-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-30-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-31-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-1-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-2-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-5-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(b)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-6-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-7-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-8-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-9-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Signature: Ed Kruck

Date: 2-13-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage? (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-14-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-15-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-16-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-19-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-20-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-21-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-22-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 2-23-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 2-27-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruk Signature: Ed Kruk Date: 2-28-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 3-1-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: EKRUCK Signature: Ed Kruck Date: 3-2-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 3-13-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 3-14-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUICK Signature: Ed Kruck Date: 3-15-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: ED Kruck Date: 3-16-07

Tank: ☐ Waste oil tank ☐ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 3-20-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E Kruck Signature: E Kruck Date: 3-21-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck

Signature: E. Kruck

Date: 3-22-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 3-23-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 3-27-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 3-28-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 3-29-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 3-30-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 4-3-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage? (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-4-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-5-07

Tank: ☐ Waste oil tank ☐ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-6-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-10-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-11-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-12-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-13-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-17-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 4-18-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.			
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-19-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-20-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: ED Kruck Date: 4-24-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-25-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 4-26-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 1-27-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E Kruck Signature: Ed Kruck Date: 4-30-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-1-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 5-2-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Knuck Signature: Ed Knuck Date: 5-3-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-4-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 5-7-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-8-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: F. KRUCK Signature: Ed Kruck Date: 5-9-07

Tank: ☐ Waste oil tank ☐ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-10-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-11-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-15-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 5-16-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: _____ Date: 5-17-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-18-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-22-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-23-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-24-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUICK Signature: Ed Kruick Date: 5-25-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,			
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: EO Kruck Date: 5-29-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 5-30-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 5-31-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-1-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: E. Kruck Date: 6-5-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-6-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 6-7-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-8-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: ED Kruck Date: 6-12-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-13-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-14-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-15-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-19-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-20-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-21-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUICK Signature: Ed Kruck Date: 6-22-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-26-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: E. Kruck Date: 6-27-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: ED Kruck Date: 6-28-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 6-29-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 7-3-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: F. KRUCK Signature: Ed Kruck Date: 7-5-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 7-6-07

Tank: ☐ Waste oil tank ☐ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Krock Signature: Ed Krock Date: 7-10-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-11-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-12-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-13-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

***Describe any observations for items checked "NO":**

***Corrective actions required or taken for observations for items checked "NO":**

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-17-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 7-18-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-19-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-20-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-24-07

Tank: ☐ Waste oil tank ☐ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 7-25-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-26-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-27-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 7-31-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-1-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date <u>and</u> pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-2-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)		<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 8-3-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 8-7-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-8-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: ED Kruck Date: 8-9-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-10-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-13-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-14-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUICK Signature: Ed Kruick Date: 8-15-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-16-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. Kruck Signature: Ed Kruck Date: 8-17-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

		YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))			
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))			
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,			
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-20-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-21-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-22-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: E. Kruck Date: 8-23-07
 Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage? (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KBUCK Signature: Ed KBUCK Date: 8-24-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-27-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-28-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-29-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KROCK Signature: Ed Krock Date: 8-30-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for Items checked "NO":

*Corrective actions required or taken for observations for Items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 8-31-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____

DAILY HAZARDOUS WASTE TANK INSPECTION CHECKLIST

Inspector Name: E. KRUCK Signature: Ed Kruck Date: 9-04-07

Tank: ☐ Waste oil tank ☒ Waste treatment tank system

	YES	NO*
1. Are there signs of corrosion or leakage: (22 CCR 66265.195(a)(2))		
a. Tank exterior?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Inlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Outlet piping, hoses, valves or connections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is equipment functioning properly (test) (22 CCR 66265.195(a)(3))		
a. Inlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Outlet valves and connections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. High-level alarm/indicator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are all tanks and waste treatment containers properly closed? (22 CCR 66265.173(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is secondary containment free of cracks, damage or deterioration? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is secondary containment free of accumulated liquids or spill residues? (22 CCR 66265.195(a)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Waste accumulation within the 90 day accumulation time limit? (22 CCR 66262.34(c))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is tank labeled with a legibly completed hazardous waste label? (22 CCR 66262.34(f)) Generator name and address; storage start date and pick up date (if applicable); contents; physical state; and hazardous properties,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Emergency equipment readily available/accessible and in good condition? (22 CCR 66265.33)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Describe any observations for items checked "NO":

*Corrective actions required or taken for observations for items checked "NO":

Due Date: _____ Follow-Up Date: _____